

(I) Customer service contact

Customer Service Department  
8380 Louisiana Street  
Merrillville, IN 46410  
(888) 889-2671  
(219) 756-0718 Fax  
cservice@ebuzz.bz

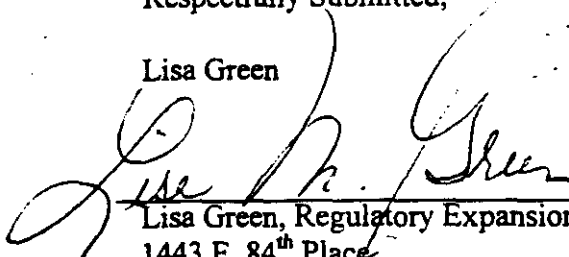
(A) Service agent, complete address, telephone/fax numbers, e-mail address:

National Registered Agents, Inc.  
222 Jefferson Blvd.  
Suite 200  
Warwick, RI 02888  
(609) 716-0300  
(609) 716-0820 Fax  
dhowarth@nrai.com

WHEREFORE, Applicant, Buzz Telecom, Corporation, respectfully requests that the Commission issue its Order (1) granting Applicant a Certificate of Public Convenience and Necessity to provide interexchange telecommunication services as requested herein; and (3) approving its submitted Arkansas Tariff No. 1.

Respectfully Submitted,

Lisa Green



Lisa Green, Regulatory Expansion Officer  
1443 E. 84<sup>th</sup> Place  
Merrillville, Indiana 46410  
(219) 791-9110

BUSOP 04071

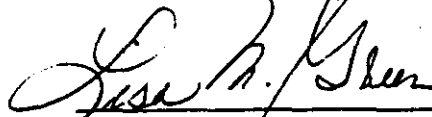
**VERIFICATION OF THE APPLICANT**

STATE OF INDIANA )  
COUNTY OF LAKE ) ss.

I, Lisa Green, being first duly sworn, state that I am the Regulatory Expansion Officer of the Applicant, Buzz Telecom, Corporation authorized to sign this Verification on its behalf; that I have reviewed the matters set forth in the Application and Exhibits; and that the statements contained therein are true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

**BUZZ TELECOM CORPORATION**



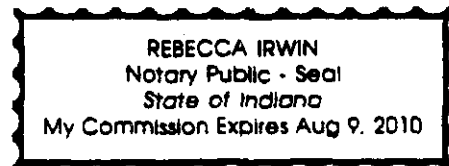
Lisa Green, Regulatory Expansion Officer

Subscribed and sworn to before me on this 24 day of January, 2003.



Notary Public

My commission expires: Aug 9, 2010



BUSOP 04072



## **ATTACHMENT H**

**Business Options, Inc. 2003 North Dakota  
Foreign Corporation Annual Report**



**FOREIGN CORPORATION  
ANNUAL REPORT  
SECRETARY OF STATE  
SFN 17156 (02-03)**

2003

ID#	11,125,200
WO#	
Filed	By

(Name of corporation and name and address of the registered agent)

**BUSINESS OPTIONS, INC.  
NATIONAL REGISTERED AGENTS, INC.  
220 N 4TH  
PO BOX 2056  
BISMARCK, ND 58502-2056**

**COPY**

**REPORT DUE MAY 15, 2003**

By law, the envelope containing the report must be postmarked on or before May 15, 2003 to be considered timely filed. See instructions for EXTENSIONS

**1. FILING FEES:**

\$25.00 if postmarked on or before May 15, 2003

**UNLESS AN EXTENSION IS GRANTED:**

\$45.00 if postmarked after May 15, 2003 and on or before August 15, 2003

\$85.00 if postmarked after August 15, 2003 and on or before May 15, 2004

2. State of Origin:	IL
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**TYPE OR PRINT LEGIBLY - SEE REVERSE SIDE FOR FEES, FILING AND MAILING INSTRUCTIONS**

Provisions regarding annual reports are found in North Dakota Century Code, Section 10-19.1-146.

3. Business activities actually engaged in: <u>LONG DISTANCE RESELLER</u>	4. Telephone #: <u>(219) 756-5320</u>	5. Federal ID #: <u>36-3882046</u>
------------------------------------------------------------------------------	------------------------------------------	---------------------------------------

6. Address of corporation's principal place of business as previously reported (Street/RR, City, State, Zip+4) If incorrect, cross out and correct as necessary. Address cannot only be a post office box.

8380 LOUISIANA ST MERRILLVILLE IN 46410-6312

7. OFFICERS AND DIRECTORS OF THE CORPORATION							
OFFICE	NAME	Check box If Officer also serves as Director	COMPLETE MAILING ADDRESS Street/RR	PO Box	City	State	Zip+4
PRESIDENT	KURTIS KINTZEL	<input checked="" type="checkbox"/>	1443 E 8TH STREET		MERRILLVILLE	IN	46410
VICE PRES.	NONE APPOINTED	<input type="checkbox"/>					
SECRETARY	KEANAN KINTZEL	<input checked="" type="checkbox"/>	8380 LOUISIANA ST.		MERRILLVILLE	IN	46410
TREASURER	KEANAN KINTZEL	<input checked="" type="checkbox"/>	SAME AS ABOVE				
DIRECTOR							
DIRECTOR							

8. SUMMARY OF CORPORATION'S SHARES ON DATE THIS REPORT WAS EXECUTED			
AUTHORITY TO ISSUE CLASS	NUMBER OF SHARES	PAR VALUE PER SHARE U.S. \$	9. NUMBER OF SHARES ISSUED
KURTIS KINTZEL	720	NO PAR VALUE	72
KEANAN KINTZEL	260	NO PAR VALUE	26
ROBERT DEMITT	20	NO PAR VALUE	2

10. The financial information in items 11 through 14 as of fiscal year ending <u>12-31-2002</u> (month, day, year) SEE NOTE ON REVERSE	11. Value of ALL property owned by the corporation U.S. \$ <u>N/A</u>	12. Value of property located in North Dakota U.S. \$ <u>N/A</u>
	13. TOTAL GROSS INCOME derived from business operations for calendar year or fiscal year U.S. \$ <u>9770775.55</u>	14. GROSS INCOME derived from business in North Dakota U.S. \$ <u>5,512.17</u>

15. Additional information necessary or appropriate to determine an additional license fee, if any:

NONE

6. Name of person to contact about this report: <u>LISA GREEN</u>	E-Mail Address: <u>lgreen@ebuzz.biz</u>	Daytime telephone # and extension, if any <u>219 791 9110</u>
----------------------------------------------------------------------	--------------------------------------------	------------------------------------------------------------------

17. The undersigned has read the foregoing annual report, knows the contents, and believes the information provided is correct.

Lisa Green  
Original signature

BUSOP 06946

15/01/03  
Date

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I

# **ATTACHMENT I**

## **Business Options, Inc. 2000 Profit Loss Statement**

**Profit Loss**  
January through December 2000

	<u>Jan - Dec 00</u>
<b>Ordinary Income/Expense</b>	
Income	
4050 - Revenue	
4070 - Long Distance	5,358,267.81
4010 - HBOS	5,607.35
<b>Total 4050 - Revenue</b>	<u>5,363,874.96</u>
<b>Total Income</b>	5,363,874.96
<b>Cost of Goods Sold</b>	
Cost of Goods Sold	
Commissions (Long Distance)	
NewLink	24,909.99
Commissions (Long Distance) - Other	-500.00
<b>Total Commissions (Long Distance)</b>	<u>24,409.99</u>
Carrier Bills - BOS	
Qwest	
Usage	181,834.13
<b>Total Qwest</b>	<u>181,834.13</u>
Sprint	19.03
Carrier Bills - BOS - Other	1,465,651.93
<b>Total Carrier Bills - BOS</b>	<u>1,647,505.09</u>
Billing & Collections Fees	
DCA/Rating	18,847.78
Billing & Collections Fees - Other	2,145,549.00
<b>Total Billing &amp; Collections Fees</b>	<u>2,164,396.78</u>
Management Fees - Avatar	57,946.02
<b>Total Cost of Goods Sold</b>	<u>3,894,257.88</u>
Computers	
Commissions	2,742.27
PC's & Accessories	8,051.00
Shipping & Delivery	1,752.83
<b>Total Computers</b>	<u>12,546.10</u>
Verification Services	51,998.80
<b>Total COGS</b>	<u>3,958,802.78</u>
<b>Gross Profit</b>	1,405,072.18
Expense	
Advertisement	1,179.91
6120 - Bank Service Charges	735.41

BUSOP 06506



**Profit Loss**  
January through December 2000

	<u>Jan - Dec 00</u>
6150 • Depreciation Expense	18,463.39
6200 • Interest Expense	1,142.67
Internet Access	920.87
6230 • Licenses and Permits	20,995.00
6240 • Miscellaneous	5,532.89
6550 • Office Supplies	12,529.52
6560 • Payroll & Payroll Tax Expenses	
Cash Games Paid	2,345.07
6560 • Payroll & Payroll Tax Expenses - Other	1,177,491.86
Total 6560 • Payroll & Payroll Tax Expenses	<u>1,179,836.93</u>
Pilots	
Computers Sales	2,052.30
Total Pilots	<u>2,052.30</u>
6250 • Postage and Delivery	4,026.05
6260 • Printing and Reproduction	1,552.16
6630 • Professional Development	13,883.11
6270 • Professional Fees	19,367.95
6680 • Recruiting	8,228.08
6290 • Rent	70,632.00
6300 • Repairs	-841.14
State Fees	7,632.89
6340 • Telephone	26,431.41
6350 • Travel & Ent	
6370 • Meals & Entertainment	304.42
6380 • Travel	452.00
Total 6350 • Travel & Ent	<u>756.42</u>
6999 • Uncategorized Expenses	0.00
6390 • Utilities	4,506.39
Total Expense	<u>1,399,564.21</u>
Net Ordinary Income	5,507.97
Other Income/Expense	
Other Income	
7010 • Interest Income	88.25
7030 • Other Income	12.44
Total Other Income	<u>100.69</u>
Net Other Income	<u>100.69</u>
Net Income	<u><u>5,608.66</u></u>

BUSOP 06507

J

## **ATTACHMENT J**

**U.S. Bell, Inc. 2000 Federal and Indiana  
Corporation Income Tax Returns**

1120

## U. S. Corporation Income Tax Return

OMB No. 1545-0047

2000

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2000 or tax year beginning \_\_\_\_\_ ending \_\_\_\_\_  
Instructions are separate. See page 1 for Paperwork Reduction Act Notice.

<b>A Check if a:</b>		<b>Name</b>		<b>B Employer identification number</b>	
<input type="checkbox"/> 1 Consolidated return		U.S. BELL, INC.		88-0441162	
<input type="checkbox"/> 2 Personal holding co. (attach Sch. PH)		Number, street, and room or suite no. (If a P. O. box, see p. 7.)		<b>C Date incorporated</b>	
<input type="checkbox"/> 3 Personal service corporation		8380 LOUISIANA		10/1/1999	
		City or town	State	ZIP code	<b>D Total assets (see instructions)</b>
		MERRILLVILLE	IN	46410	
<b>E Check applicable boxes:</b>					\$ 121,708
<input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change of address					
<b>1a Gross receipts or sales</b>		5,363,875		<b>b Less returns</b>	0
<b>2 Cost of goods sold (Schedule A, line 8)</b>				<b>c Balance</b>	
<b>3 Gross profit. Subtract line 2 from line 1c</b>				<b>1c</b>	5,363,875
<b>4 Dividends (Schedule C, line 19)</b>				<b>2</b>	3,960,360
<b>5 Interest</b>				<b>3</b>	1,403,515
<b>6 Gross rents</b>				<b>4</b>	0
<b>7 Gross royalties</b>				<b>5</b>	101
<b>8 Capital gain net income (attach Schedule D (Form 1120))</b>				<b>6</b>	0
<b>9 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)</b>				<b>7</b>	0
<b>10 Other income (see page 8 of instructions - attach schedule)</b>				<b>8</b>	0
<b>11 Total income. Add lines 3 through 10</b>				<b>9</b>	0
				<b>10</b>	0
				<b>11</b>	1,403,616
<b>12 Compensation of officers (Schedule E, line 4)</b>				<b>12</b>	201,915
<b>13 Salaries and wages (less employment credits)</b>				<b>13</b>	869,991
<b>14 Repairs and maintenance</b>				<b>14</b>	782
<b>15 Bad debts</b>				<b>15</b>	0
<b>16 Rents</b>				<b>16</b>	70,632
<b>17 Taxes and licenses</b>				<b>17</b>	138,059
<b>18 Interest</b>				<b>18</b>	1,143
<b>19 Charitable contributions (see page 11 of instructions for 10% limitation)</b>				<b>19</b>	0
<b>20 Depreciation (attach Form 4562)</b>		20 18,463		<b>20</b>	18,463
<b>21 Less depreciation claimed on Schedule A and elsewhere on return</b>		21a 0		<b>21b</b>	18,463
<b>22 Depletion</b>				<b>22</b>	0
<b>23 Advertising</b>				<b>23</b>	1,180
<b>24 Pension, profit-sharing, etc., plans</b>				<b>24</b>	0
<b>25 Employee benefit programs</b>				<b>25</b>	0
<b>26 Other deductions (attach schedule)</b>				<b>26</b>	101,433
<b>27 Total deductions. Add lines 12 through 26</b>				<b>27</b>	1,403,598
<b>28 Taxable income before NOL deduction and special deductions. Subtract line 27 from line 11</b>				<b>28</b>	18
<b>29 Less: a Net operating loss (NOL) deduction (see page 13 of instructions)</b>		29a 18		<b>29a</b>	18
<b>b Special deductions (Schedule C, line 20)</b>		29b 0		<b>29b</b>	0
<b>30 Taxable income. Subtract line 29c from line 28</b>				<b>30</b>	0
<b>31 Total tax (Schedule J, line 11)</b>				<b>31</b>	0
<b>32 Payments:</b>				<b>32</b>	
<b>a 1999 overpayment credited to 2000</b>		32a		<b>32a</b>	
<b>b 2000 estimated tax payments</b>		32b		<b>32b</b>	
<b>c Less 2000 refund applied for on Form 4466</b>		32c 0		<b>32c</b>	0
<b>d Balance</b>		32d 0		<b>32d</b>	0
<b>e Tax deposited with Form 7004</b>		32e 0		<b>32e</b>	0
<b>f Credit for tax paid on undistributed capital gains (attach Form 2439)</b>		32f		<b>32f</b>	
<b>g Credit for Federal tax on fuels (attach Form 4136). See instructions</b>		32g 0		<b>32g</b>	0
<b>33 Estimated tax penalty (see p. 14 of instructions). Check if Form 2220 is attached</b>				<b>33</b>	0
<b>34 Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed</b>				<b>34</b>	0
<b>35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid</b>				<b>35</b>	0
<b>36 Enter amount of line 35 you want: Credited to 2001 estimated tax</b>		Refunded		<b>36</b>	0

Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date 7-16-2001

Title PRESIDENT

Paid

Preparer's

Date

Check if self-

Preparer's SSN or PTIN

Preparer signature

7/11/2001

employed

P00013648

Firm's name

ALAN J. FURMANKIEWICZ &amp; ASSOCIATES, INC., P.C.

(or yours)

POST OFFICE BOX 993

City

CHESTERTON

State IN

and address

Phone (219) 926-2190

ZIP code 46304

(H-7A)

Form 1120 (2000)

BUSOP 02746

Indiana Corporation Income Tax Return  
for Calendar Year Ending December 31, 2000

or Other Tax Year Beginning

and Ending

(DO NOT WRITE ABOVE)

Page 1

FORM IT-20 (Rev. 9/00) SF 44275

Name of Corporation

U.S. BELL INC.

Number and Street

8380 LOUISIANA

City

MERRILLVILLE

State

IN

Indiana County or O.O.S.

8380 LOUISIANA

Zip Code

46410

Federal Identification Number

88-0441162

Principal Business Activity Code

SALES

Indiana Taxpayer Identification Number

Telephone Number

( )

K. Date of incorporation 10/01/1989 in the State of NEVADA

L. State of commercial domicile INDIANA

M. Year of initial Indiana return 1999

N. Location of records if different from above address

O. Check accounting method used for reporting income on Schedule A:

☒ Cash ☐ Accrual

P. Check box if the corporation paid any quarterly estimated tax using different Federal Identification Numbers. ☐ (List on Schedule H other Federal Identification Numbers used to make payments.)

Q. Enter the number of motor vehicles operated by the corporation in the state of Indiana on the last day of the year: 0

R. Check box if all these vehicles are registered in the State of Indiana. ☐ (If not, explain on Schedule H listing the reason(s) why some vehicles are not registered with Indiana.)

S. Check all boxes that apply: ☐ Initial Return ☐ Final Return ☐ In Bankruptcy ☐ Insurance Co. ☐ Farmer's Cooperative

T. Is 80% or more of your gross income derived from making, acquiring, selling or servicing loans or extensions of credit? ☐ Yes (If yes, do not file Form IT-20; You must file Form FIT-20).

U. Is this a consolidated return for gross income tax? ☐ Yes (If yes, complete Schedule B-D).

V. Is this a consolidated return for adjusted gross income tax? ☐ Yes (If yes, complete consolidated listing on Schedule B-D).

W. Is return filed on a combined unitary basis? ☐ Yes (If yes, include unitary apportionment addendum).

X. Is this corporation filing unitary reports with other states? ☐ Yes

Y. If filing unitary, have there been any material changes in the factual circumstances since the last petition was filed? ☐ Yes

Z. Is an extension of time to file attached? ☒ Yes

Summary of Calculations

48. Total income tax (from Schedule D, line 47) (cannot be less than zero)

48 2

49. Sales/use tax due from Consumer's Use Tax Worksheet

49 0

50. SUBTOTAL: Add lines 48 and 49

50 2

51. College and University Contribution Credit

51 0

52. Neighborhood Assistance Credit (NC-20)

52 0

53. Indiana Research Expense Credit (IT-20REC)

53 0

54. Twenty-First Century Scholars Program Credit (TCSP-40)

54 0

55. Enterprise Zone Employment Expense Credit (EZ 2)

55 0

56. Enterprise Zone Loan Interest Credit (LIC)

56 0

57. Other Non-refundable Credits (see instructions page 17)

57 0

58. Total income tax reduction (51 through 57). (Attach supporting schedule(s) for credit(s) claimed.) (May not exceed line 48)

58 0

59. TOTAL TAX DUE: Subtract line 58 from line 50 (cannot be less than zero)

59 2

Estimated Credits and Other Payments

60. Total amount of estimated income taxes paid (itemize quarterly T-5/EFT payments below)

1 2 3 4

60 0

61. Enter prior year overpayment credit \$ from tax year ending

Enter this year's extension payment \$ Enter combined amount

61 0

62. Gross income tax paid on sales of real estate (attach supporting evidence)

62 0

63. Other credits (attach supporting evidence)

63 0

64. TOTAL PAYMENTS AND CREDITS: Add lines 60 through 63

64 0

65. BALANCE OF TAX DUE: If line 59 is greater than line 64, enter the difference

65 2

66. PENALTY FOR THE UNDERPAYMENT OF INCOME TAXES (from Schedule IT-2220)

66 0

67. INTEREST: If payment is made after the original due date, compute interest. (Contact the Department for current interest rate)

67 0

68. PENALTY: If paying late enter 10% of line 65; see instructions. If line 50 is zero enter \$10 per day filed past due date

68 0

69. TOTAL AMOUNT OWED: Add lines 65 through 68

69 2

PAY THIS AMOUNT

70. OVERPAYMENT: If sum of lines 59, 66 and 68 is less than line 64, enter the difference

70 0

71. REFUND: Enter portion of line 70 to be refunded

71 0

72. OVERPAYMENT CREDIT: Amount of line 70 to be applied to the following year's estimated tax account

72 0

Make check payable to the INDIANA DEPARTMENT OF REVENUE and mail to: 100 N. SENATE AVENUE, INDIANAPOLIS, INDIANA 46204-2253

Under penalties of perjury, I declare: I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

I authorize the Department to discuss my return with my tax preparer:

Yes

Signature of Corporate Officer

Date

7-18-2001

Print or Type Name of Corporate Officer

KURTIS KINTZEL

Title

PRESIDENT

Print or Type Paid Preparer's Name

ALAN J. FURMANKIEWICZ & ASSOCIATES, INC., P.C.

Preparer's F.O. SSN or PTIN Number

36-4103994

Check Box

☒ Federal ID Number

☐ Social Security Number

☐ PTIN Number

Street Address

POST OFFICE BOX 993

City

CHESTERTON

State

IN

Zip+4

46304

Daytime Telephone Number of Preparer

(219) 926-2190

Preparer's Signature

*Alan J. Furmankiewicz*

BUSOP 02747

Department of the Treasury  
Internal Revenue Service

For calendar year 2000 or tax year beginning

ending

Instructions are separate. See page 1 for Paperwork Reduction Act Notice.

<b>A</b> Check if a:		<b>Name</b>		<b>B</b> Employer identification number	
1 Consolidated return		U.S. BELL, INC.		88-0441162	
2 Personal holding co. (attach Sch. PH)		Number, street, and room or suite no. (If a P. O. box, see p. 7.)		<b>C</b> Date incorporated	
3 Personal service corporation		8380 LOUISIANA		10/1/1999	
		City or town	State	ZIP code	<b>D</b> Total assets (see instructions)
		MERRILLVILLE	IN	46410	
<b>E</b> Check applicable boxes:		<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return	<input type="checkbox"/> Change of address	\$ 121,708
1a Gross receipts or sales		5,363,875	b Less returns	0	c Balance
2 Cost of goods sold (Schedule A, line 8)					1c 5,363,875
3 Gross profit. Subtract line 2 from line 1c					2 3,960,360
4 Dividends (Schedule C, line 19)					3 1,403,515
5 Interest					4 0
6 Gross rents					5 101
7 Gross royalties					6 0
8 Capital gain net income (attach Schedule D (Form 1120))					7 0
9 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)					8 0
10 Other income (see page 8 of instructions - attach schedule)					9 0
11 Total income. Add lines 3 through 10					10 0
12 Compensation of officers (Schedule E, line 4)					11 1,403,616
13 Salaries and wages (less employment credits)					12 201,915
14 Repairs and maintenance					13 869,991
15 Bad debts					14 782
16 Rents					15 0
17 Taxes and licenses					16 70,632
18 Interest					17 138,059
19 Charitable contributions (see page 11 of instructions for 10% limitation)					18 1,143
20 Depreciation (attach Form 4562)			20 18,463		19 0
21 Less depreciation claimed on Schedule A and elsewhere on return			21a 0		20 18,463
22 Depletion					21 0
23 Advertising					22 1,180
24 Pension, profit-sharing, etc., plans					23 0
25 Employee benefit programs					24 0
26 Other deductions (attach schedule)					25 101,433
27 Total deductions. Add lines 12 through 26					26 1,403,598
28 Taxable income before NOL deduction and special deductions. Subtract line 27 from line 11					27 18
29 Less: a Net operating loss (NOL) deduction (see page 13 of instructions)			29a 18		28 18
b Special deductions (Schedule C, line 20)			29b 0		29c 18
30 Taxable income. Subtract line 29c from line 28					30 0
31 Total tax (Schedule J, line 11)					31 0
32 Payments:					
a 1999 overpayment credited to 2000		32a			
b 2000 estimated tax payments		32b			
c Less 2000 refund applied for on Form 4466		32c	0		
d Balance		32d	0		
e Tax deposited with Form 7004		32e	0		
f Credit for tax paid on undistributed capital gains (attach Form 2439)		32f			
g Credit for Federal tax on fuels (attach Form 4136). See instructions		32g	0		
33 Estimated tax penalty (see p. 14 of instructions). Check if Form 2220 is attached					32h 0
34 Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed					33 0
35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid					34 0
36 Enter amount of line 35 you want: Credited to 2001 estimated tax				Refunded	35 0
					36 0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief

it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign  
here

Signature of officer

Date

PRESIDENT

Title

Paid

Preparer's

Date

Check if self-

Preparer's SSN or PTIN

Preparer signature

7/11/2001

employed

P00013648

Firm's name

ALAN J. FURMANKIEWICZ &amp; ASSOCIATES, INC., P.C.

EIN

36-4103994

(or yours)

POST OFFICE BOX 993

Phone

(219) 926-2190

and address

CHESTERTON

State IN

ZIP code

46304

(HTA)

Form 1120 (2000)

BUSOP 02748

**Application for Automatic Extension of Time  
To File Corporation Income Tax Return**

OMB No. 1545-0233

Name of corporation  
**U. S. BELL, INC.**

Employer ID number  
**88-0441162**

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)

**8380 LOUISIANA**

City or town, state, and ZIP code

**MERRILLVILLE**

**IN**

**46410**

Check type of return to be filed:

☐ Form 990-C

☐ Form 1120-FSC

☐ Form 1120-PC

☐ Form 1120S

☒ Form 1120

☐ Form 1120-H

☐ Form 1120-POL

☐ Form 1120-SF

☐ Form 1120-A

☐ Form 1120-L

☐ Form 1120-REIT

☐ Form 1120-F

☐ Form 1120-ND

☐ Form 1120-RIC

\* Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the United States ☐

**1 REQUEST FOR AUTOMATIC EXTENSION (see instructions)**

**a EXTENSION DATE.** I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until 9/17/2001, to file the income tax return of the corporation named above for ☒ calendar year 2000 or ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**b SHORT TAX YEAR.** If this tax year is for less than 12 months, check reason:

☐ Initial return

☐ Final return

☐ Change in accounting period

☐ Consolidated return to be filed

**2 AFFILIATED GROUP MEMBERS (see instructions).** If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer ID number	Tax period

**3 Tentative tax (see instructions)**

**4 PAYMENTS AND REFUNDABLE CREDITS (see instructions)**

**a** Overpayment credited from prior year

**4a** 0

**b** Estimated tax payments for the tax year

**4b** 0

**c** Less refund for the tax year applied for on Form 4466

**4c** 0

**e** Credit for tax paid on undistributed capital gains (Form 2439)

**Bal 4d** 0

**f** Credit for Federal tax on fuels (Form 4136)

**4e** 0

**4f** 0

**5** Total. Add lines 4d through 4f (see instructions)

**5** 0

**6** **BALANCE DUE.** Subtract line 5 from line 3. DEPOSIT THIS AMOUNT USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS) OR WITH A FEDERAL TAX DEPOSIT (FTD) COUPON (see instructions)

**6** 0

SIGNATURE - Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

*[Signature]*  
(Signature of officer or agent)

CERTIFIED PUBLIC ACCOUNTANT

(Title)

3/13/2001

(Date)

For Paperwork Reduction Act Notice, see instructions.

(HTA)

Form 7004 (Rev. 10-2000)

BUSOP 02749

## Schedule A Cost of Goods Sold

(See page 14 for instructions.)

1	Inventory at beginning of year	1	0
2	Purchases	2	11,361
3	Cost of labor	3	0
4	Additional section 263A costs (attach schedule)	4	0
5	Other costs (attach schedule)	5	3,948,999
6	Total. Add lines 1 through 5	6	3,960,360
7	Inventory at end of year	7	0
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on line 2, page 1	8	3,960,360

## 9a Check all methods used for valuing closing inventory:

- ☐ Cost as described in Regulations section 1.471-3
- ☐ Lower of cost or market as described in Regulations section 1.471-4
- ☐ Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c).

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970).

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO.

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation?

☐ Yes☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation.

☐ Yes☐ No

## Schedule C Dividends and Special Deductions

(See page 15 of instructions.)

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations that are subject to the 70% deduction (other than debt-financed stock)		70%	0
2 Dividends from 20%-or-more-owned domestic corporations that are subject to the 80% deduction (other than debt-financed stock)		80%	0
3 Dividends on debt-financed stock of domestic and foreign corporations (section 246A)		see instruct.	0
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42%	0
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48%	0
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs that are subject to the 70% deduction		70%	0
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs that are subject to the 80% deduction		80%	0
8 Dividends from wholly owned foreign subsidiaries subject to the 100% deduction (section 245(b))		100%	0
9 Total. Add lines 1 through 8. See page 16 of instructions for limitation			0
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100%	0
11 Dividends from certain FSCs that are subject to the 100% deduction		100%	0
12 Dividends from affiliated group members subject to the 100% deduction		100%	0
13 Other dividends from foreign corporations not included on lines 3, 6, 7, 8, or 11			
14 Income from controlled foreign corporations under subpart F (attach F. 5471)			
15 Foreign dividend gross-up (section 78)			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3 (section 246(d))			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities	0		
19 Total dividends. Add lines 1 through 17. Enter here and on line 4, page 1			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on line 29b, page 1			0

## Schedule E Compensation of Officers

(See instructions for line 12, page 1.)

NOTE: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1, Form 1120) are \$500,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1 Kurtis J Kintzel	305-72-4752	100%	0%	0%	140,915
Keanan G Kintzel	305-72-4530	100%	0%	0%	61,000
2 Total compensation of officers					201,915
3 Compensation of officers claimed on Schedule A and elsewhere on return					0
4 Subtract line 3 from line 2. Enter the result here and on line 12, page 1					201,915

Form 1120 (2000)

BUSOP 02750



Check if the corporation is a member of a controlled group. See instructions on page 17.

2a If the box on line 1 is checked, enter the corporation's share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) (2) (3)

b Enter the corporation's share of:

(1) Additional 5% tax (not more than \$11,750)

(2) Additional 3% tax (not more than \$100,000)

3 Income tax. Check if a qualified personal service corporation under section 448(d)(2) (see page 17)

4 Alternative minimum tax (attach Form 4626)

5 Add lines 3 and 4

6a Foreign tax credit (attach Form 1118)

b Possessions tax credit (attach Form 5735)

c Check: ☐ Nonconventional source fuel credit

☐ QEV credit (attach Form 8834)

d General business credit. Enter here and check which forms are attached:

☐ 3800

☐ 3468

☐ 5884

☐ 6478

☐ 6765

☐ 6586

☐ 8630

☐ 8826

☐ 8835

☐ 8844

☐ 8845

☐ 8846

☐ 8820

☐ 8847

☐ 8861

e Credit for prior year minimum tax (attach Form 8827)

f Qualified zone academy bond credit (attach Form 8860)

7 Total credits. Add lines 6a through 6f

8 Subtract line 7 from line 5

9 Personal holding company tax (attach Schedule PH (Form 1120))

10 Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611

11 Total tax. Add lines 8 through 10. Enter here and on line 31, page 1

### Schedule K Other Information

(See page 19 of instructions.)

1 Check method of accounting:

a ☒ Cash

☐ b Accrual

c ☐ Other (specify)

2 See instructions and enter the:

a Business activity code no.

454390

b Business activity

SALES

c Product or service

LONG DISTANCE

3 At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).)

If "Yes," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.

4 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

If "Yes," enter name and EIN of the parent corporation

5 At the end of the tax year, did any individual, partnership, corporation, estate or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).)

If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned

100.00%

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See secs. 301 and 316.)

If "Yes," file Form 5452, Corporate Report of Nondivident Distributions.

If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of: (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation?

If "Yes,"

a Enter percentage owned

b Enter owner's country

c The corporation may have to file Form 5472, Information Return of 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount

If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year

10 Enter the number of shareholders at the end of the tax year (if 75 or fewer)

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here

12 Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.)

536

Note: If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

Form 1120 (2000)

BUSOP 02751

Schedule L Balance Sheets per Book		(a)	(b)	(c)	(d)
Assets					
1	Cash		7,644		28,601
2a	Trade notes and accounts receivable	0		50,000	
b	Less allowance for bad debts	0	0	0	50,000
3	Inventories		0		0
4	U. S. government obligations		0		0
5	Tax-exempt securities (see instructions)		0		0
6	Other current assets (attach schedule)		0		0
7	Loans to shareholders		0		0
8	Mortgage and real estate loans		0		0
9	Other investments (attach schedule)		0		0
10a	Buildings and other depreciable assets	46,641		71,160	
b	Less accumulated depreciation	9,590	37,051	28,053	43,107
11a	Depletable assets	0		0	
b	Less accumulated depletion	0	0	0	0
12	Land (net of any amortization)		0		0
13a	Intangible assets (amortizable only)	0		0	
b	Less accumulated amortization	0	0	0	0
14	Other assets (attach schedule)		0		0
15	Total assets		44,695		121,708
Liabilities and Shareholders' Equity					
16	Accounts payable		0		0
17	Mortgages, notes, bonds payable in less than 1 year		0		0
18	Other current liabilities (attach schedule)		0		77,147
19	Loans from shareholders		0		0
20	Mortgages, notes, bonds payable in 1 year or more		0		0
21	Other liabilities (attach schedule)		0		0
22	Capital stock:				
	a Preferred stock	0		0	
	b Common stock	1,000	1,000	1,000	1,000
23	Additional paid-in capital		0		0
24	Retained earnings - Appropriated (attach schedule)		0		0
25	Retained earnings - Unappropriated		43,695		43,561
26	Adjustments to shareholders' equity (attach schedule)		0		0
27	Less cost of treasury stock		0		0
28	Total liabilities and shareholders' equity		44,695		121,708

Note: The corporation is not required to complete Schedules M-1 and M-2 if the total assets on line 15, col. (d) of Schedule L are less than \$25,000.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return** (See page 20 of instr.)

1	Net income (loss) per books	-134	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax	0		Tax-exempt interest \$	
3	Excess of capital losses over capital gains			\$	
4	Income subject to tax not recorded on books this year (itemize):			\$	0
	\$	0			
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year:	
a	Depreciation	\$		a Depreciation \$	
b	Contributions carryover	\$ 0		b Contributions carryover \$	0
c	Travel and entertainment	\$ 152		\$	
	\$	152		\$	0
6	Add lines 1 through 5	18	9	Add lines 7 and 8	0
			10	Income (line 28, p. 1) - line 6 less line 9	18

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1	Balance at beginning of year	43,695	5	Distributions:	
2	Net income (loss) per books	-134		a Cash	
3	Other increases (itemize):			b Stock	
	\$			c Property	
	\$		6	Other decreases	\$
	\$			\$	0
	\$	0	7	Add lines 5 and 6	0
4	Add lines 1, 2, and 3	43,561	8	Balance at end of year (line 4 less line 7)	43,561

Form 1120 (2000)

BUSOP 02752

2000

Attachment Seq. No.  
67Department of the Treasury  
Internal Revenue Service (99)

See separate instructions. Attach this form to your return.

Name(s) shown on return

J.S. BELL, INC.

Business or activity to which this form relates

SALES

Identifying number

88-0441162

**Part I Election To Expense Certain Tangible Property (Section 179)**

NOTE: If you have any "listed property," complete Part V before you complete Part I.

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	20,000
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	20,019
3	Threshold cost of section 179 property before reduction in limitation	3	200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	20,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from 1999. See page 3 of the instructions	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)****Section A - General Asset Account Election**

- 14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions ☐

**Section B - General Depreciation System (GDS) (See page 3 of the instructions.)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period (in years)	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						0
b 5-year property		SEE ATTACHED SCHEDULE				3,254
c 7-year property		SEE ATTACHED SCHEDULE				536
d 10-year property						0
e 15-year property						0
f 20-year property						0
g 25-year property			25 yrs.		S/L	0
h Residential rental property			27.5 yrs.	MM	S/L	0
i Nonresidential real property			39 yrs.	MM	S/L	0

**Section C - Alternative Depreciation System (ADS) (See page 5 of the instructions.)**

16a Class life					S/L	0
b 12-year			12 yrs.		S/L	0
c 40-year			40 yrs.	MM	S/L	0

**Part III Other Depreciation (Do not include listed property.) (See page 5 of the instructions.)**

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	13,061
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	1,612

**Part IV Summary (See page 6 of the instructions.)**

20 Listed property. Enter amount from line 26	20	0
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	18,463
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 4562 (2000)

BUSOP 02753

## Current Depreciation Report

J.S. BELL, INC.

88-0441162

12/31/00

Item No.	Code	Description of Property	Date Placed in Service	Cost or Other Basis	Bus. Use %	Less Sec. 179 Deduction	Recovery Amount	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec.	2000 Current Deprec.	2000 Accum. Deprec.
<u>GDS 5 year property (Line 15b)</u>													
8	C	COMPUTER UPGRADES	1/13/2000	16,270	100%		16,270	5	200%	0	0	3,254	3,254
				<u>16,270</u>			<u>16,270</u>				0	3,254	3,254
<u>GDS 7 year property (Line 15c)</u>													
9	B	FURNITURE & FIXTURES	2/10/2000	3,749	100%		3,749	7	200%	0	0	536	536
				<u>3,749</u>			<u>3,749</u>				0	536	536
<u>GDS &amp; ADS deductions for prior years (Line 17)</u>													
5	C	COMPUTER - BOS	1/1/1999	14,232	100%		14,232	5	200%	0	2,846	4,554	7,400
3	B	DESKS - BOS	1/1/1999	3,452	100%		3,452	7	200%	0	493	845	1,338
2	C	EQUIPMENT -Z POWER	1/1/1999	1,462	100%		1,462	5	200%	0	292	468	760
1	C	EQUIPMENT-Z POWER	1/1/1999	19,174	100%		19,174	5	200%	0	3,835	6,136	9,971
6	B	OFFICE FURNITURE -BOS	1/1/1999	2,359	100%		2,359	7	200%	0	337	578	915
7	C	COMPUTER - NEW	12/28/1999	1,500	100%		1,500	5	200%	0	300	480	780
				<u>42,179</u>			<u>42,179</u>				8,103	13,061	21,164
<u>ACRS and other depreciation (Line 19)</u>													
4	E	SOFTWARE - BOS	1/1/1999	4,462	100%		4,462	3	100%	6	1,487	1,487	2,974
10	E	COMPUTER SOFTWARE	12/1/2000	4,500	100%		4,500	3	100%	6	0	125	125
				<u>8,962</u>			<u>8,962</u>				1,487	1,612	3,099
Totals:				<u>71,160</u>			<u>71,160</u>				9,590	18,463	28,053

BUSOP 02754

**Line 13 (Form 1120) - Salaries and Wages**

<b>1a</b> Salaries	<b>1a</b>	0
<b>b</b> Wages	<b>1b</b>	869,991
<b>c</b>	<b>1c</b>	0
<b>d</b> Total salaries and wages	<b>1d</b>	869,991
<b>2</b> Less employment credits:		
<b>a</b> From Form 5884 - Job Credits	<b>2a</b>	0
<b>b</b> From Form 8844 - Empowerment Zone Employment Credit	<b>2b</b>	0
<b>c</b> From Form 8845 - Indian Employment Credit	<b>2c</b>	0
<b>d</b> From Form 8861 - Welfare to Work Credit	<b>2d</b>	0
<b>e</b>	<b>2e</b>	
<b>f</b> Total credits	<b>2f</b>	0
<b>3</b> Total salaries and wages less employment credits	<b>3</b>	869,991

**Line 17 (Form 1120) - Taxes and Licenses**

<b>1</b> From Form 5735 - Possessions Corporation Tax Credit	<b>1</b>	0
<b>2</b> State franchise or income tax	<b>2</b>	9,133
<b>3</b> Local property taxes	<b>3</b>	
<b>4</b> Payroll taxes	<b>4</b>	107,931
<b>5</b> Licenses	<b>5</b>	20,995
<b>6</b>	<b>6</b>	
<b>7</b>	<b>7</b>	
<b>8</b>	<b>8</b>	
<b>9</b>	<b>9</b>	0
<b>10</b> Totals for taxes and licenses	<b>10</b>	138,059

BUSOP 02755

**Line 26 (Form 1120) - Other Deductions**

1	From Form 4562 - Amortization	1	0
2	Ordinary losses from trade or business activities of a partnership (from Sch K-1, Form 1065, line 1)	2	
3	Dividends paid in cash on stock held by an employee stock ownership plan (see instructions)	3	
4	Travel, Meals and Entertainment		
a	Travel	4a	452
b	Total meals and entertainment	4b	304
c	50% of line b	4c	152
d	Subtract line c from line b	4d	152
5	Auto	5	
6	Bank charges	6	735
7	Carting	7	
8	Computers	8	2,052
9	Credit and collection costs	9	
10	Delivery	10	
11	Discounts	11	
12	Dues and subscriptions	12	
13	Equipment rent	13	
14	Factory expense	14	
15	Insurance	15	
16	Laundry	16	
17	Maintenance	17	
18	Miscellaneous	18	5,533
19	Office supplies and expense	19	12,530
20	Postage	20	4,026
21	Print and copy	21	1,904
22	Professional Development	22	13,883
23	Professional fees	23	19,368
24	Recruiting	24	8,852
25	Security	25	
26	Software	26	
27	Small tools and equipment	27	
28	Supplies	28	
29	Telephone	29	27,440
30	Utilities	30	4,506
31		31	
32		32	
33		33	
34		34	
35		35	
36		36	
37		37	
38		38	
39		39	0
40	Total other deductions	40	101,433

BUSOP 02756

**Line 5, Sch A (Form 1120) - Other Costs for Cost of Goods Sold**

1	Travel, Meals and Entertainment		
a	Travel	1a	
b	Total meals and entertainment	1b	
c	50% of line b	1c	0
d	Subtract line c from line b	1d	0
2	Depreciation	2	
3	Officer's compensation	3	
4	Carrier Bills	4	298,079
5	Commissions	5	27,152
6	Billing and Collections Fees	6	3,513,823
7	Management Fees	7	57,946
8	Utilities	8	
9	Verification Fees	9	51,999
10		10	
11		11	
12		12	
13		13	
14		14	0
15	Total other costs	15	3,948,999

**Line 18, Sch L (Form 1120) - Other Current Liabilities**

		Beginning	End
1	Payroll liabilities	0	77,147
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other current liabilities	0	77,147

BUSOP 02757

or Other Tax Year Beginning

and Ending

## FORM IT-20

(Rev. 9/00) SF 44275

Federal Identification Number

88-0441162

Principal Business Activity Code

SALES

Indiana Taxpayer Identification Number

Name of Corporation

U.S. BELL, INC.

Number and Street

8380 LOUISIANA

Indiana County or O.O.S.

8380 LOUISIANA

City

MERRILLVILLE

State

IN

Zip Code

46410

Telephone Number

( )

K Date of Incorporation 10/01/1999 In the State of NEVADA

L State of commercial domicile INDIANA

M Year of initial Indiana return 1999

N Location of records if different from above address

O Check accounting method used for reporting income on Schedule A:

☒ Cash☐ AccrualP Check box if the corporation paid any quarterly estimated tax using different Federal Identification Numbers. ☐ (List on Schedule H other Federal Identification Numbers used to make payments.)

Q Enter the number of motor vehicles operated by the corporation in the state of Indiana on the last day of the year 0

R Check box if all these vehicles are registered in the State of

Indiana. ☐ (If not, explain on Schedule H listing the reason(s) why some vehicles are not registered with Indiana).S Check all boxes that apply: ☐ Initial Return ☐ Final Return ☐ In Bankruptcy ☐ Insurance Co. ☐ Farmer's CooperativeT Is 80% or more of your gross income derived from making, acquiring, selling or servicing loans or extensions of credit? ☐ Yes (If yes, do not file Form IT-20: You must file Form FIT-20).U Is this a consolidated return for gross income tax? ☐ Yes (If yes, complete Schedule 8-D).V Is this a consolidated return for adjusted gross income tax? ☐ Yes (If yes, complete consolidated listing on Schedule 8-D).W Is return filed on a combined unitary basis? ☐ Yes (If yes, include unitary apportionment addendum).X Is this corporation filing unitary reports with other states? ☐ YesY If filing unitary, have there been any material changes in the factual circumstances since the last petition was filed? ☐ YesZ Is an extension of time to file attached? ☒ Yes

## Summary of Calculations

48. Total income tax (from Schedule D, line 47) (cannot be less than zero)	48	2
49. Sales/use tax due from Consumer's Use Tax Worksheet	49	0
50. SUBTOTAL: Add lines 48 and 49		2
51. College and University Contribution Credit	51	0
52. Neighborhood Assistance Credit (NC-20)	52	
53. Indiana Research Expense Credit (IT-20REC)	53	0
54. Twenty-First Century Scholars Program Credit (TCSP-40)	54	0
55. Enterprise Zone Employment Expense Credit (EZ 2)	55	0
56. Enterprise Zone Loan Interest Credit (LIC)	56	0
57. Other Non-refundable Credits (see instructions page 17)	57	
58. Total Income tax reduction (51 through 57). (Attach supporting schedule(s) for credit(s) claimed.) (May not exceed line 48)		0
59. TOTAL TAX DUE: Subtract line 58 from line 50 (cannot be less than zero)	59	2
Estimated Credits and Other Payments		
60. Total amount of estimated income taxes paid (itemize quarterly IT-6/EFT payments below)	60	0
1 2 3 4		
61. Enter prior year overpayment credit \$ from tax year ending	61	0
Enter this year's extension payment \$ Enter combined amount		
62. Gross income tax paid on sales of real estate (attach supporting evidence)	62	
63. Other credits (attach supporting evidence)	63	
64. TOTAL PAYMENTS AND CREDITS: Add lines 60 through 63		0
65. BALANCE OF TAX DUE: If line 59 is greater than line 64, enter the difference		2
66. PENALTY FOR THE UNDERPAYMENT OF INCOME TAXES from Schedule IT-2220	66	0
67. INTEREST: If payment is made after the original due date, compute interest. (Contact the Department for current interest rate)	67	
68. PENALTY: If paying late enter 10% of line 65; see instructions. If line 50 is zero enter \$10 per day filed past due date	68	
69. TOTAL AMOUNT OWED: Add lines 65 through 68	69	2
PAY THIS AMOUNT ▶		
70. OVERPAYMENT: If sum of lines 59, 66 and 68 is less than line 64, enter the difference	70	0
71. REFUND: Enter portion of line 70 to be refunded	71	0
72. OVERPAYMENT CREDIT: Amount of line 70 to be applied to the following year's estimated tax account	72	

2000  
IT-20

Make check payable to the INDIANA DEPARTMENT OF REVENUE and mail to: 100 N. SENATE AVENUE, INDIANAPOLIS, INDIANA 46204-2253

(For Department Use Only)

Under penalties of perjury, I declare I have examined this return, including accompanying schedules and statements, and to

DD

the best of my knowledge and belief, it is true, correct, and complete

I authorize the Department to discuss my return with my tax preparer:

☐ Yes

Signature of Corporate Officer	Date	Print or Type Name of Corporate Officer	Title
		KURTIS KINTZEL	PRESIDENT
Print or Type Paid Preparer's Name	Preparer's FID, SSN, or PTIN Number	Check Box	
ALAN J. FURMANKIEWICZ & ASSOCIATES, INC., P.C.	36-4103994	<input checked="" type="checkbox"/> Federal ID Number	
Street Address	Daytime Telephone Number of Preparer	<input type="checkbox"/> Social Security Number	
POST OFFICE BOX 993	(219) 926-2190	<input type="checkbox"/> PTIN Number	
City	State	Zip+4	Preparer's Signature
CHESTERTON	IN	46304	

ATTX

BUSOP 02758



Application for Automatic Extension of Time  
To File Corporation Income Tax Return

OMB No 1545-0033

(Rev. October 2000)

Department of the Treasury

Internal Revenue Service

Name of corporation

U. S. BELL, INC.

Employer ID number

88-0441162

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)

8380 LOUISIANA

City or town, state, and ZIP code

MERRILLVILLE

IN

46410

Check type of return to be filed:

☐ Form 990-C☐ Form 1120-FSC☐ Form 1120-PC☐ Form 1120S☒ Form 1120☐ Form 1120-H☐ Form 1120-POL☐ Form 1120-SF☐ Form 1120-A☐ Form 1120-L☐ Form 1120-REIT☐ Form 1120-F☐ Form 1120-ND☐ Form 1120-RIC\* Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the United States ☐

## 1 REQUEST FOR AUTOMATIC EXTENSION (see instructions)

a EXTENSION DATE. I request an automatic 6-month (or, for certain corporations, 3-month) extension of time

until 9/17/2001

to file the income tax return of the corporation named above for

☒ calendar year 2000

or

☐ tax year beginning

, and ending

b SHORT TAX YEAR. If this tax year is for less than 12 months, check reason:

☐ Initial return☐ Final return☐ Change in accounting period☐ Consolidated return to be filed

## 2 AFFILIATED GROUP MEMBERS (see instructions). If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer ID number	Tax period

## 3 Tentative tax (see instructions)

## 4 PAYMENTS AND REFUNDABLE CREDITS. (see instructions)

a Overpayment credited from prior year

4a 0

b Estimated tax payments for the tax year

4b 0

c Less refund for the tax year applied for on Form 4466

4c 0

e Credit for tax paid on undistributed capital gains (Form 2439)

Bal 4d 0

4e 0

f Credit for Federal tax on fuels (Form 4136)

4f 0

## 5 Total. Add lines 4d through 4f (see instructions)

5 0

## 6 BALANCE DUE. Subtract line 5 from line 3. DEPOSIT THIS AMOUNT USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS) OR WITH A FEDERAL TAX DEPOSIT (FTD) COUPON (see instructions)

6 0

SIGNATURE - Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application and to the best of my knowledge and belief, the statements made are true, correct, and complete



CERTIFIED PUBLIC ACCOUNTANT

(Title)

3/13/2001

(Date)

For Paperwork Reduction Act Notice, see instructions.

(HTA)

Form 7004 (Rev. 10-2000)

BUSOP 02759